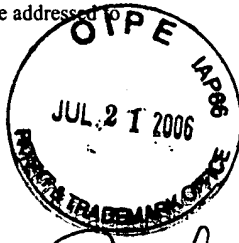


I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450, Alexandria  
VA 22313-1450  
on July 17, 2006



PATENT  
Attorney Docket No. 015258-063900US

TOWNSEND and TOWNSEND and CREW LLP

By Sushma Sanganerla-Brady  
Sushma Sanganerla-Brady

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

BARBEZAT Gerard et al.

Application No. 10/509,850

Filed: September 30, 2004

For: PLASMA SPRAYING METHOD

Customer No. 20350

Confirmation No. 4308

Examiner: Katherine A. Bareford

Technology Center/Art Unit: 1762

AMENDMENT

San Francisco, CA 94111  
July 17, 2006

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 17, 2006, please enter the following amendments and remarks. A petition for a one-month extension of time accompanies this response. As a precautionary measure, in addition to the petition for a one-month extension of time, Applicants request, if needed and if not separately attached hereto, and authorize the Commissioner to charge the fee therefore to our deposit account in accordance with our standing authorization for such charges.

**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Abstract** begin on page 4 of this paper.

Application No. 10/509,850

Amendment

Reply to Office Action of March 17, 2006

PATENT

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 4 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1000**Complete if Known**

Application Number	10/509,850
Filing Date	September 30, 2004
First Named Inventor	BARBEZAT, Gerard
Examiner Name	Katherine A. Bareford
Art Unit	1762
Attorney Docket No.	015258-063900US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
31	-20 or HP = 20	x \$50	= \$1,000

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
1	-3 or HP = 0	x \$200	= \$0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Babak Kusha</i>	Registration No. (Attorney/Agent)	51,095	Telephone	415-576-0200
Name (Print/Type)	Babak Kusha			Date	July 17, 2006

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